# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

No. 94390042101

Permit
SEWAGE SYSTEM REPAIR

Issued 10/26/94
Expires 04/26/95
Revenue Code 18754

Establishment
MARVIN CATTERSON
T12N R6E SEC 9
1300 W AGNEW ROAD

FEES: $50.00

TOTAL $50.00

Permittee
MARVIN CATTERSON
RR0001
BOX 00180
RAYMOND NE 68517

Issued By M. Jane Ford
Health Director

**THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"**

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 10-5-94

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 12 N; Range 6; Section SE Quatr Section 9;
Block _____; Lot part of 15; Addition East of 6th P.M. Lancaster County
Street Address 1300 West Agnew Rd

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2
Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: move location of tank. add Lift Station & New laterals

5. Work to be done by: Owner ☐; or Contractor ☒, _____
Contractor's Name

6. Estimated cost of project:

| | |
|---|---|
| a. Materials | $ _____ |
| b. Labor | $ _____ |
| c. Other | $ _____ |
| TOTAL | $ 5,500 — |

Marvin E Cattison
Signature of Applicant (owner or lessee)

RR1 BOX 180 Raymond, Ne.
Address

(Do not write below this line)

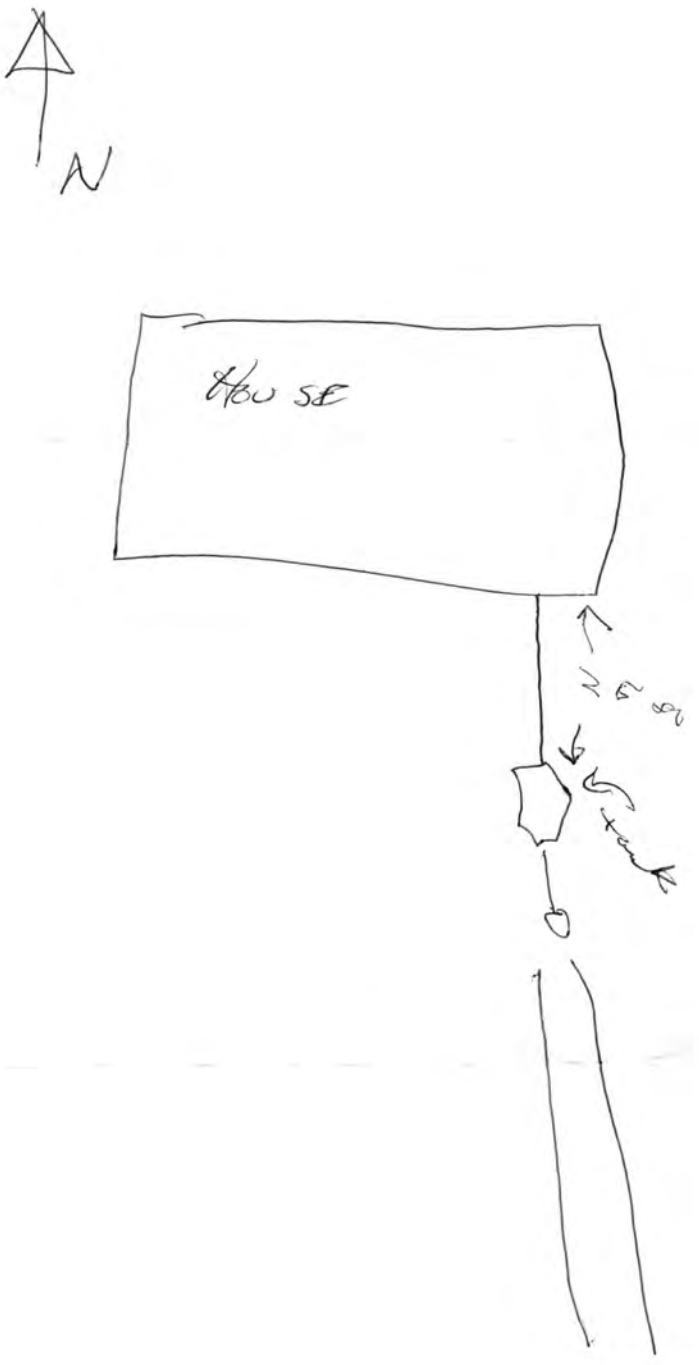
REVIEWING ACTION

1. Date Rec'd: 10-24-94
Filing Fee: $ 50.00

2. Site Visits:
Date: 10-24-94 by: _____
Date: _____ by: _____
Date: _____ by: _____

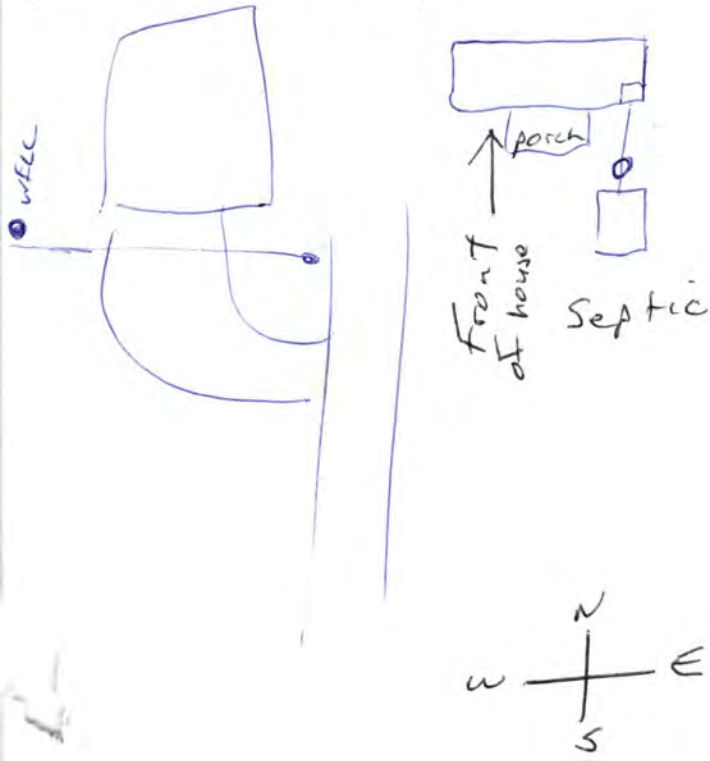
3. Date: Approved ☒; Disapproved ☐
by: Ron Mangum

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10 24 94 by: Ron Mangum


N
House
tank

well

20-25 yds SW corner of outbuilding



# Lincoln-Lancaster County Health Department

JUN 2 5 2004

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

**MAKE CHECK PAYABLE TO:** "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 1300 W. AGNEW RD. RAYMOND NE-

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 10N Range 6E Section 9 1/4 ___ 1/4 ___ Block ___ Lot 21 Addition ___

Directions to Property AGNEW RD -

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed 7

Site Hazards (dogs, etc.) N/A

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | FREDRICKSON | | |
| Tenant/Buyer: | JOLENE BEMIS | 1258 150 th ST NEW RICHMOND WI 54017 | |
| Return to: | WOODS BROS SHARON DEVRIES | 7100 SO. 29 LINCOLN NE 68502 | Cell 314-1950 434-3605 (Fax) |

Signature of Applicant Sharon L. DeVries Realtor Address Woods Bros Date 6/17/04

### HEALTH DEPARTMENT USE ONLY

**RECEIVED** Date 6/25/04 Amount $200.00 Check No. 2227 Initials CW

**DATA ENTRY** Date ___/___/___ Case No. ___ Initials ___

**PRELIMINARY STATUS--By** Ron Marquart **DATE:** 7/6/04

| **WATER SYSTEM:** | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml |
| Nitrate | ☐ ___ ppm | ☒ 14 ppm |

| **SEWAGE SYSTEM** | |
|---|---|
| Approved | ☐ |
| Provisional | ☒ |
| Disapproved | ☐ |

**Additional Site Visits**

Date 7/13/04 by RM

Date ___/___/___ by ___

Date ___/___/___ by ___

**Comments:** Recommend checking to see if septic tank is watertight and if it needs pumping.

See Attached Letter ☒

**FINAL STATUS**

**WATER SYSTEM:** Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by ___ Date ___/___/___

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

WDS

P25707-47

Board

P25644-21

White - Applicant after approval Yellow - Environmental Health

Revised/Reprint: 9-00

# Lincoln-Lancaster County Health Department

**3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022**

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

**MAKE CHECK PAYABLE TO:** Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 1300 W Agnew Rd SE¼ Sec 9-12-6

Twp 12N Range 6E Section 9 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property From 14th & Superior – 11 miles W to Agnew Rd – 2 miles west – on corner (name on mail box)

Location of Well West of shed in trees Tap Location: Inside ☒ Outside ☒

Location of Sewage System East of house Year Installed 1994

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Mary Jan Catterson on contract | 1300 W Agnew Rd | 785-2011 JAN-WORK-471-0351 |
| ~~Tenant/Buyer~~: Contract Owner | Leonard Benes | Valparaiso Ne | |
| Return to: | Mary Jan Catterson | same address above | |

CALL BEFORE

Signature of Applicant Jan Catterson Address 1300 W Agnew Rd Date 9/28/94

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**HEALTH DEPARTMENT USE ONLY**

Date Received 9/28/94 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Jerrold C. Hoob **DATE:** 9/29/94

| **WATER SYSTEM:** | Approved | Disapproved | **SEWAGE SYSTEM** | **Additional Site Visits** |
|---|---|---|---|---|
| Construction | ☒ | ☒ corrected | Approved ☐ | Date 10/13/94 by RM |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml | Provisional ☐ | Date 10/24/94 by RM |
| Nitrate | ☒ 7.6 ppm | ☐ ___ ppm | Disapproved ☒ | Date ___/___/___ by ___ |

**Comments:** SOME PART OF SEWAGE SYSTEM RUNS OUT. OLD WELL MUST BE ABANDONED (Old well abandoned 10-24-94) DEPRESSIONS AROUND WELL. (Corrected)

See Attached Letter ☐

**FINAL STATUS**

**WATER SYSTEM:** Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Ron Marquardt, R.S Date 10/24/94

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.